

**Procedures and Information Required for Constructing,
Repairing, Renovating, Changing the Use or Occupancy of, or
Demolishing any Building Other Than a One or Two Family
Dwelling**

1. Complete the application in its entirety.
2. Fill out the Homeowner's Exemption – if doing the work yourself.
3. If using a contractor, he/she must fill out the Contractor Affidavit and Workman's Comp form. Also attach a copy of the contractor's liability insurance.
4. Fill out the Energy Code form – must be the latest version.
5. Fill out Material Specifications form.
6. House number must be on application, if not approved, see Land use Office for information on obtaining a house number for the lot.
7. Copy of plot plan showing setbacks to property lines and septic placement.
8. Copy of deed.
9. Copy of well results and septic permit if available.
10. Copy of the approved Planning Board ANR Plan.
11. Two sets of structural plans (either 8-1/2" x 11" or 11" x 17" in size) of house truss info, and foundation info.
12. Have Fire Department sign off on the plans and sign the application.
13. Prior to returning the packet to the Land Use Office, you need to have the appropriate Boards, Commissions, and/or Departments sign off on the application.

If you have any questions, please do not hesitate to contact Denée in the Land Use Office at (978) 827-4100 ext 117.



The Commonwealth of Massachusetts
 State Board of Building Regulations and
 Standards
 Massachusetts State Building Code
 780 CMR



The Town of Ashburnham
 Landuse Office
 15 Oakmont Drive
 Ashburnham, MA 01430
 Phone: 978-827-4100 EX1 117

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____	Date Issued: _____
Signature: _____ Building Commissioner/Inspector of Buildings	Date: _____

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____		1.2 Assessors Map & Parcel Number: _____			
_____		Map Number	Parcel Number		
1.3 Zoning Information: Zoning District _____ Proposed Use _____		1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____			
1.6 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		
1.7 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.5 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:	
Name (Print) _____	Address: _____
Signature _____	Telephone _____
2.2 Authorized Agent:	
Name (Print) _____	Address: _____
Signature _____	Telephone _____

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor: _____ Licensed Construction Supervisor: _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> _____ License Number _____ Expiration Date _____
3.2 Registered Home Improvement Contractor: _____ Company Name _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> _____ Registration Number _____ Expiration Date _____

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.I. c. 152 § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes..... No.....

SECTION 5- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

5.1 Registered Architect:

Name (Registrant):	Not Applicable <input type="checkbox"/>
Address	Registration Number
Signature	Expiration Date
Telephone	

5.2 Registered Professional Engineer(s):

Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	

Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	

Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	

Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	

5.3 General Contractor

Company Name:	Not Applicable <input type="checkbox"/>
Responsible in Charge of Construction	
Address	
Signature	
Telephone	

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)				
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		
Brief Description of Proposed Work: _____ _____ _____				

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE							
USE GROUP (Check as applicable)					CONSTRUCTION TYPE		
A Assembly <input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>		1A	<input type="checkbox"/>	
	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>			1B	<input type="checkbox"/>	
B Business <input type="checkbox"/>					2A	<input type="checkbox"/>	
E Educational <input type="checkbox"/>					2B	<input type="checkbox"/>	
F Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>			2C	<input type="checkbox"/>	
H High Hazard <input type="checkbox"/>					3A	<input type="checkbox"/>	
I Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>		3B	<input type="checkbox"/>	
M Mercantile <input type="checkbox"/>					4	<input type="checkbox"/>	
R Residential <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>		5A	<input type="checkbox"/>	
S Storage <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>			5B	<input type="checkbox"/>	
U Utility <input type="checkbox"/>	Specify: _____						
M Mixed Use <input type="checkbox"/>	Specify: _____						
S Special Use <input type="checkbox"/>	Specify: _____						

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE	
Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index 780 CMR 34): _____	Proposed Hazard Index 780 CMR 34): _____

SECTION 8 BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9 STRUCTURAL PEER REVIEW (780 CMR 110.11)		
Independent Structural Engineering Structural Peer Review Required	Yes..... <input type="checkbox"/>	No..... <input type="checkbox"/>

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT	
I _____ as Owner of the subject property	
hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.	
Signature of Owner _____	Date _____

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS
 THE MASSACHUSETTS STATE BUILDING CODE

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, _____ as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate to the best of my knowledge and belief.
 Signed under the pains and penalties of perjury.

Print Name _____

Signature of Owner/Agent _____

Date _____

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		(a) Building Permit Fee Multiplier	
1. Building			
2. Electrical		(b) Estimated Total Cost of Construction from (c)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	

Approved by Board of Health _____ Date _____

Approved by Planning Board _____ Date _____

Approved by Historical Commission _____ Date _____

Approved by Conservation Commission _____ Date _____

Approved by Fire Chief _____ Date _____

Approved by Highway Dept. _____ Date _____

Approved by Building Commissioner/Zoning Officer _____ Date _____

Approved by Treasurer's Office _____ Date _____

TOWN OF ASHBURNHAM

For Office Use Only
Permit No. _____
Date _____

**AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application**

GL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence for building" be done by registered contractors, with certain exceptions, along with other requirements.

Type of work: _____ Est. Cost _____

Address of work _____

Owner name: _____

Date of permit application: _____

Hereby certify that:

Registration is not required for the following reason(s):

- _____ work excluded by law
- _____ job under \$1,000
- _____ building not owner-occupied
- _____ owner pulling own permit
- _____ other (specify) _____

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. c. 142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Name Registration No.

Notwithstanding the above notice, I hereby apply for a permit as the owner of the property:

Date _____ Owner's Name _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
City or Town: _____	Permit/License # _____
Issuing Authority (circle one):	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector	
6. Other _____	
Contact Person: _____	Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

**ENERGY CONSERVATION APPLICATION FORM FOR
LOW-RISE RESIDENTIAL NEW CONSTRUCTION and ADDITIONS**
780 CMR Appendix J (effective 3/1/98)

Applicant Name: _____
Applicant Address: _____

Applicant Phone: _____

Site Address: _____
City/Town: _____
Use Group: _____
Date of Application: _____
Applicant Signature: _____

Compliance Path (check one):

Prescriptive Package (Limited to 1- or 2-family wood frame buildings heated with fossil fuels only)

Package (A through KK from Table J5 2.1b): _____ Heating Degree Days (HDD₆₅) from Table J5 2.1a: _____

(For items d. through i., fill in all values that apply from Table J5 2.1b:)

a. Gross Wall Area	_____ sq.ft	f. Wall R-value	R-_____
b. Glazing Area ¹	_____ sq.ft	g. Floor R-value	R-_____
c. Glazing % (100 x b ÷ a)	_____ %	h. Basement wall	R-_____
d. Glazing U-value	U-_____	i. Slab Perimeter	R-_____
e. Ceiling R-value	R-_____	j. Heating AFUE	_____

Component Performance: "Manual Trade-Off" (Limited to wood or metal framed buildings only)

Climate Zone (from Figure J6 2 2) Zone 12 Zone 13 Zone 14

Attach *Trade-Off Worksheet* from Appendix J, [and *HVAC Trade-Off Worksheet*, if applicable]

MAScheck Software

Attach *Compliance Report* and *Inspection Checklist* printouts.

Systems Analysis OR Renewable Energy Sources

Attach Mass Registered Architect or Engineer Analysis

ALTERNATIVE FOR ADDITIONS ONLY:

a. Gross Wall + Ceiling Area _____ sq.ft b. Glazing Area¹ _____ sq.ft c. Glazing % (100 x b ÷ a) _____ %

ADDITION with Glazing % (c.) up to 40% may use 780 CMR Table J1 1 2 3 1 below:

MAXIMUM U-value	MINIMUM R-Values				
	Ceiling	Wall	Floor	Basement Wall	Slab Perimeter, Depth
0.39	R-37	R-13	R-19	R-10	R10, 4ft

"SUNROOM" addition (greater than 40% glazing-to-wall and ceiling gross area)

Attach "Consumer Information Form" from 780 CMR Appendix B

Official's Name: _____ Official's Signature: _____

Application: Approved Denied Date of Approval/Denial: _____

Reason(s) for Denial:(provide additional details as needed on back side)

MATERIAL SPECIFICATIONS

Footings _____ x _____

Floor _____ inches thick

Foundation _____ inches thick by _____ high

Foundation: Type _____ (poured, block, etc.)

Floor Joists _____ x _____ Span _____ o/c _____

Carrying Beam _____ x _____ Span from column to column _____

Sub-Floor _____ x _____ x _____ Plys _____ Grade _____

Studding (bearing walls) _____ x _____ x _____ o/c _____

Ceiling Joists _____ x _____ Span _____ o/c _____

Roof Rafters _____ x _____ Span _____ o/c _____

Roof Trusses _____ x _____ Top Chord _____ x _____

Lower Cord Span _____ x _____ o/c _____

Exterior Sheathing _____ x _____ x _____ Plys _____ Grade _____

Roof Sheathing _____ x _____ x _____ Plys _____ Grade _____

Felt _____ lb.

Roofing Materials: Type _____ lbs. _____ per square

Under Layment _____ x _____ x _____

Finish Floor: Kitchen _____ Bath _____ Living, Dining _____
Bedroom _____

Interior Wall Finish _____ inch sheetrock. Other _____

Exterior Siding _____

Insulation: Walls _____ Ceiling _____ Cellar _____

Roof Pitch _____

Chimney: Flue Size (s) _____

Fireplace: Hearth _____ x _____ Firebox Wide _____ Deep _____

Foundation Waterproofing Material _____

Automatic Fire Alarm _____

Bedroom Window Sizes: _____

Other: _____

Applicant's Signature